Effective December 8, 2004										7:	58.×	36
	:		SMALL E	NTITY	<b></b>	OTH	IER THAN					
TOTAL CLAIMS			<del></del>	(Column 1	)	(Column 2)		TYPE [		01		LL ENTIT
-				· · · · · · · · · · · · · · · · · · ·				RATE	FE	፤	RATE	· FE
F	FOR			NUMBER FILED		MBER EXTRA	.	BASIC FEE		1	BASIC FI	EE
r	TOTAL CHARGEABLE CLAIMS			minus 20				X\$ 25=		OF	X\$50=	
11	INDEPENDENT CLAIMS			minus 3=				X100=	1	OR	X200=	
MULTIPLE DEPENDENT CLAIM PRE				Т				+180=	1	OR	ļ	-
1	If the preference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOT  CLAIMS AS FILED - PART II									AL		
<u></u>	CIK!	(Column 1		(Column 2)		(Column 3)		SMALL	ENTITY	OR		ER THAN L ENTITY
MENTA	1	. CLAIMS REMAINING AFTER AMENIDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOB	, PRE	SENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI TIONA FEE
AMENDMEN	Total	1X1	Minus	100	= (	2		X\$ 25=	30.0	OR	X\$50=	1
		1 11	Minus	<i>U</i>	_ 0	I		X100=	HM) !	<b>b</b> R	X200=	<del>                                     </del>
-	FIRST PRE	SENTATION C	OF MULT	IPLE DEPENDE	T CLAIM		4	+180=	,	OR	+360=	1
	÷,		• .	; ;		por	<b>M</b>	TOTAL ADDIT, FEE	P150,	<b>P</b> R	TOTA ADDIT. FEI	
	(Column 1) (Column 2) (Column 3)								÷			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRES	ENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus ·	<b>-</b>	=	•		X\$ 25=		OR	X\$50=	
	Independent		Minus		=		] .	X100=		ОR	X200=	· · · · · · · · · · · · · · · · · · ·
	FIRST PRES	SENTATION OF	F MULTII	PLE DEPENDEN	T CLAIM		]	+180=		OR	+360=	
		(Caluma 1)		(0-1)			•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1) CLAIMS	T :	(Column 2) HIGHEST	(Column 3)	1 1	<del></del>	450/	_	<del></del>		
- MENDINER! C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESE	NT EXTRA			ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
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	ndependent		Minus	***	<b>=</b>			X100=	(	OR	X200=	
1	-IRST PRES	ENTATION OF	MULTIP	LE DEPENDENT	CLAIM		Ī	+180=		OR	+360=	
If ti If ti	ne entry in colu ne "Highest No	ımn 1 is less than	the entry	in column 2, write 'IN THIS SPACE IS	"O" in colur	nn 3		TOTAL ADDIT: FEE		DR A	TOTAL DDIT. FEE	:
***	io induestrat	amber Previousiv	Poid For	IN THIS SPACE IS Total or independen	lasa Iban	O	lound	in the appropria	ate box in	column	1.	

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